FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		ORGANIZATION				
		(See instruction	ns)			Office use only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple: If typying, type the lines	12FE4M5	
COUNTRY FII	RST POLITICAL A		TEE, IN	C. (COUNTRY FIRST	PAC)	
L		S WASHINGTON	SŢŖĘE	T SUITE 115	11111	
ADDRESS (number and	street)					
(Check if address is changed)		KANDRIA			VA L	22314 _ _ _
			CITY		STATE	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)						
(Check if address is changed)	s spur	pura@mccain08	hq.com			
			ш			
COMMITTEE'S WEE (Check if address is changed)	www	RL) .countryfirstpac	.com			
2. DATE						
3. FEC IDENTIFICATION NUMBER C C00457705						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have exan	nined this Statement and	to the best of my know	wledge and	d belief it is true, correct and	d complete	
Type or Print Name of Treasurer Salvatore A Purpura						
Signature of Treasurer Electronically Filed by Salvatore A Purpura Date Date Date						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS						
Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)